

**BENEFITS PLANNING, ASSISTANCE & OUTREACH
PROJECT IMPACT**



Massachusetts Rehabilitation Commission

Statewide Employment Services Department

1 (800) 734-7475

INTAKE REFERRAL FORM

TO: _____

DATE: _____

FROM: _____

SERVICES REQUESTED: _____

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CONSUMER INFORMATION

RECEIVING: ☐ SSI /\$_____ OR ☐ SSDI /\$_____

NAME: _____ D.O.B. : _____

ADDRESS: _____

CITY: _____ ZIP: _____ COUNTY: _____

TELEPHONE: _____

SSN# _____

DISABILITY: _____

EMPLOYER: _____

MONTHLY EARNINGS: \$ _____

ADDITIONAL
INFORMATION: _____

Please FAX completed referral forms to (617) 204-3847